

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/511565

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		2				
6		6				
7		6				
8		6				
9		6				
10		6				
11		6				
12		6				
13		6				
14		6				
15		6				
16		6				
17		6				
18		6				
19		6				
20		6				
21		6				
22		6				
23		6				
24		6				
25		6				
26		6				
27		6				
28		6				
29		6				
30		6				
31		6				
32		6				
33		6				
34		6				
35		6				
36		6				
37		6				
38		6				
39		6				
40		6				
41		6				
42		6				
43		6				
44		6				
45		6				
46		6				
47		6				
48		6				
49		6				
50		6				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		6				
52		6				
53		6				
54		6				
55		6				
56		6				
57		6				
58		6				
59		6				
60		6				
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	1					
TOTAL DEP.	61					
TOTAL CLAIMS	62					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS